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**UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION** 

In re:	SINGLETON, DEBBIE L.	§	Case No. 15-36686
	Debtor(s)	§	
		§	
		§	
	Debtor(s)		

#### TRUSTEE'S FINAL REPORT (TFR)

The undersigned trustee hereby makes this Final Report and states as follows:

- 1. A petition under Chapter 7 of the United States Bankruptcy Code was filed on 10/28/2015. The undersigned trustee was appointed on 10/28/2015.
  - 2. The trustee faithfully and properly fulfilled the duties enumerated in 11 U.S.C. §704.
- 3. All scheduled and known assets of the estate have been reduced to cash, released to the debtor as exempt property pursuant to 11 U.S.C. § 522, or have been or will be abandoned pursuant to 11 U.S.C. § 554. An individual estate property record and report showing the disposition of all property of the estate is attached as Exhibit A.
  - 4. The trustee realized the gross receipts of 83,926.69 Funds were disbursed in the following amounts: Payments made under an interim distribution 6,486.53 Administrative expenses 28,777.78 Bank service fees 256.47 Other payments to creditors 0.00 Non-estate funds paid to 3rd Parties 0.00 Exemptions paid to the debtor 8,192.83 Other payments to the debtor 0.00 Leaving a balance on hand of<sup>1</sup> 40,213.08

The remaining funds are available for distribution.

5. Attached as **Exhibit B** is a cash receipts and disbursements record for each estate bank account.

<sup>&</sup>lt;sup>1</sup>The balance of funds on hand in the estate may continue to earn interest until disbursed. The interest earned prior to disbursement will be distributed pro rata to creditors within each priority category. The trustee may receive additional compensation not to exceed the maximum compensation set forth under 11 U.S.C. § 326(a) on account of the disbursement of the additional interest.

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- 6. The deadline for filing non-governmental claims in this case was 03/17/2016 and the deadline for filing governmental claims was 04/25/2016. All claims of each class which will receive a distribution have been examined and any objections to the allowance of claims have been resolved. If applicable, a claims analysis, explaining why payment on any claim is not being made, is attached as **Exhibit C**.
  - 7. The Trustee's proposed distribution is attached as **Exhibit D**.
- 8. Pursuant to 11 U.S.C. § 326(a), the maximum compensation allowable to the trustee is \$6,823.29. To the extent that additional interest is earned before case closing, the maximum compensation may increase.

The trustee has received \$0.00 as interim compensation and now requests the sum of \$6,823.29, for a total compensation of \$6,823.29². In addition, the trustee received reimbursement for reasonable and necessary expenses in the amount of \$0.00 and now requests reimbursement for expenses of \$6.44 for total expenses of \$6.44².

Pursuant to Fed R Bank P 5009, I hereby certify, under penalty of perjury, that the foregoing report is true and correct.

Date: 07/25/2016	By: /s/ Richard M. Fogel	
<u>-</u>	Trustee	

**STATEMENT:** This Uniform Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R. §1320.4(a)(2) applies.

<sup>&</sup>lt;sup>2</sup>If the estate is administratively insolvent, the dollar amounts reflected in this paragraph may be higher than the amounts listed in the Trustee's Proposed Distribution (Exhibit D)

## **Individual Estate Property Record and Report Asset Cases**

Form 1

Case No.: 15-36686

Case Name: SINGLETON, DEBBIE L.

Trustee Name:

(330720) Richard M. Fogel

Date Filed (f) or Converted (c): 10/28/2015 (f)

§ 341(a) Meeting Date: 12/15/2015

Claims Bar Date: 03/17/2016

For Period Ending: 07/25/2016 **Asset Description** Petition/ **Estimated Net Value Property Formally** Sale/Funds Asset Fully (Scheduled And Unscheduled (u) Property) Unscheduled (Value Determined By Trustee, Abandoned Received by the Administered (FA)/ Values Less Liens, Exemptions, OA=§554(a) abandon. Estate **Gross Value of** and Other Costs) **Remaining Assets** Ref.# REAL PROPERTY 86,000.00 0.00 0.00 FA 342 Hoxie Avenue, Calumet City, IL 60409 (Debtor's primary residence). Encumbered and exempt. 2 BANK ACCOUNTS 200.00 0.00 0.00 FA checking account with - US Bank, Exempt 3 HOUSEHOLD GOODS AND FURNISHING 0.00 0.00 FΑ 1.500.00 Used household goods; TV, DVD player, TV stand, stereo, sofa, vacuum, table, chairs, lamps, bedroom sets, washer/dryer, stove, refrigerator, microwave, dishes/flatware, pots/pans, rugs. Exempt 4 HOUSEHOLD GOODS AND FURNISHING 500.00 0.00 0.00 FA Used household goods; TV, DVD player, TV stand, stereo, sofa, vacuum, table, chairs, lamps, bedroom sets, washer/dryer, stove, refrigerator, microwave, dishes/flatware, pots/pans, rugs. Encumbered. 5 **BOOKS AND ART OBJECTS** 100.00 0.00 0.00 FΑ Books, CD's, DVD's, Tapes/Records, Family Pictures. Exempt 6 WEARING APPAREL 100.00 0.00 0.00 FA Necessary wearing apparel. Exempt. 7 FΑ FURS AND JEWELRY 200.00 200.00 0.00 Earrings, watch, costume jewelry. Inconsequential value. 8 INTERESTS IN INSURANCE POLICIES 364.00 0.00 0.00 FΑ Whole Life Insurance with United of Omaha - Cash Surrender Value. Exempt. 9 INTERESTS IN INSURANCE POLICIES 519.00 319.00 0.00 FA Whole Life Insurance with TransAmerica - Cash Surrender Value, Inconsequential value. 0.00 0.00 FΑ 10 INTERESTS IN INSURANCE POLICIES 1,061.00 Whole Life Insurance - Cash Surrender Value. Exmept.

UST Form 101-7-TFR (5/1/2011)

Exhibit A

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#### Form 1

## **Individual Estate Property Record and Report Asset Cases**

Case No.: 15-36686

For Period Ending:

Case Name: SINGLETON, DEBBIE L.

07/25/2016

Trustee Name: (330720) Richard M. Fogel

Date Filed (f) or Converted (c): 10/28/2015 (f)

Exhibit A

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§ 341(a) Meeting Date: 12/15/2015

**Claims Bar Date:** 03/17/2016

	1 Asset Description (Scheduled And Unscheduled (u) Property)	2 Petition/ Unscheduled Values	3 Estimated Net Value (Value Determined By Trustee, Less Liens, Exemptions, and Other Costs)	4 Property Formally Abandoned OA=§554(a) abandon.	5 Sale/Funds Received by the Estate	6 Asset Fully Administered (FA)/ Gross Value of Remaining Assets
11	AUTOMOBILES AND OTHER VEHICLES  1965 Buick Special with over 100,000 miles. Exempt.	3,000.00	0.00		0.00	FA
12	AUTOMOBILES AND OTHER VEHICLES ALLY Financial - 2014 Chevrolet Camaro. Fully encumbered.	21,775.00	0.00		0.00	FA
13*	UNLIQUIDATED DEBTS OWING DEBTOR (u) Settlements with Safe Auto and USAA Insurance Co. approved per o/c 2-18-16 (See Footnote)	Unknown	39,735.69		83,926.69	FA
13	Assets Totals (Excluding unknown values)	\$115,319.00	\$40,254.69		\$83,926.69	\$0.00

RE PROP# 13 Schedules amended 11/24/15

#### **Major Activities Affecting Case Closing:**

Trustee settled debtor's personal injury claim for \$93,000 per order dated February 18, 2016. The Trustee was authorized to pay attorneys' fees & expenses, medical provider liens and the debtor's exemption claim. After the authorized disbursements have cleared, the Trustee will submit his Final Report.

Initial Projected Date Of Final Report (TFR): **Current Projected Date Of Final Report (TFR):** 07/29/2016 12/31/2016

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Form 2

## **Cash Receipts And Disbursements Record**

 Case No.:
 15-36686
 Trustee Name:
 Richard M. Fogel (330720)

 Case Name:
 SINGLETON, DEBBIE L.

 Bank Name:
 Rabobank, N.A.

 Taxpayer ID #:
 \*\*-\*\*\*5717
 Account #:
 \*\*\*\*\*\*9900 Checking

 For Period Ending:
 07/25/2016
 Blanket Bond (per case limit):
 \$5,000,000.00

Separate Bond (if applicable): N/A

1	2	3	4		5	6	7
Transaction Date	Check or Ref. #	Paid To / Received From	Description of Transaction	Uniform Tran. Code	Deposit \$	Disbursement \$	Account Balance
03/02/2016	{13}	UNITED SERVICES AUTOMOBILE ASSOCIATION	Settlement proceeds per o/c 2-18-16	1229-000	73,000.00		73,000.00
03/03/2016	{13}	KROLL RUBIN & TRACY IOLTA CLIENT TRT FUND	Settlement proceeds per o/c 2-18-16	1229-000	10,926.69		83,926.69
03/03/2016	101	ROBERT E. TRACY	SPECIAL COUNSEL FEES PER O/C 2- 18-16 Voided on 03/04/2016	3210-600		8,111.12	75,815.57
03/03/2016	102	ROBERT A. KROLL	SPECIAL COUNSEL FEES PER O/C 2- 18-16 Voided on 03/04/2016	3210-600		10,333.33	65,482.24
03/03/2016	103	GREGORY R. LAPAPA	SPECIAL COUNSEL FEES PER O/C 2- 18-16 Voided on 03/04/2016	3210-600		10,333.33	55,148.91
03/03/2016	104	DR. ROBERT FINK	IN FULL SETTLEMENT AND PAYMENT OF LIEN PER O/C 2-18-16 Voided on 03/04/2016	4220-000		1,049.00	54,099.91
03/03/2016	105	DR. JOHN MAZZARELLA	IN FULL SETTLEMENT AND PAYMENT OF LIEN PER O/C 2-18-16 Voided on 03/04/2016	4220-000		979.46	53,120.45

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## **Cash Receipts And Disbursements Record**

 Case No.:
 15-36686
 Trustee Name:
 Richard M. Fogel (330720)

Case Name:SINGLETON, DEBBIE L.Bank Name:Rabobank, N.A.Taxpayer ID #:\*\*-\*\*\*5717Account #:\*\*\*\*\*\*9900 Checking

For Period Ending: 07/25/2016 Blanket Bond (per case limit): \$5,000,000.00

Separate Bond (if applicable): N/A

1	2	3	4		5	6	7
Transaction Date	Check or Ref. #	Paid To / Received From	Description of Transaction	Uniform Tran. Code	Deposit \$	Disbursement \$	Account Balance
03/03/2016	106	DR. DANIEL CAMMARANO	IN FULL SETTLEMENT AND PAYMENT OF LIEN PER O/C 2-18-16 Voided on 03/04/2016	4220-000		504.50	52,615.95
03/03/2016	107	INFINITE STRATEGIC SOLUTIONS	IN FULL SETTLEMENT AND PAYMENT OF LIEN PER O/C 2-18-16 Voided on 03/04/2016	4220-000		901.23	51,714.72
03/03/2016	108	ROGERS PARK ONE DAY SURGERY CENTER	IN FULL SETTLEMENT AND PAYMENT OF LIEN PER O/C 2-18-16 Voided on 03/04/2016	4220-000		1,211.60	50,503.12
03/03/2016	109	WINDY CITY MEDICAL	IN FULL SETTLEMENT AND PAYMENT OF LIEN PER O/C 2-18-16 Voided on 03/04/2016	4220-000		880.00	49,623.12
03/03/2016	110	LAKESHORE OPEN MRI & CT	IN FULL SETTLEMENT AND PAYMENT OF LIEN PER O/C 2-18-16 Voided on 03/04/2016	4220-000		133.01	49,490.11
03/03/2016	111	PAULINA ANESTHESIA	IN FULL SETTLEMENT AND PAYMENT OF LIEN PER O/C 2-18-16 Voided on 03/04/2016	4220-000		316.34	49,173.77

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## **Cash Receipts And Disbursements Record**

 Case No.:
 15-36686
 Trustee Name:
 Richard M. Fogel (330720)

Case Name:SINGLETON, DEBBIE L.Bank Name:Rabobank, N.A.Taxpayer ID #:\*\*-\*\*\*5717Account #:\*\*\*\*\*\*9900 Checking

For Period Ending: 07/25/2016 Blanket Bond (per case limit): \$5,000,000.00

Separate Bond (if applicable): N/A

1	2	3	4		5	6	7
Transaction Date	Check or Ref. #	Paid To / Received From	Description of Transaction	Uniform Tran. Code	Deposit \$	Disbursement \$	Account Balance
03/03/2016	112	ANALGESIC HEALTHCARE	IN FULL SETTLEMENT AND PAYMENT OF LIEN PER O/C 2-18-16 Voided on 03/04/2016	4220-000		111.39	49,062.38
03/03/2016	113	HUMANA	IN FULL SETTLEMENT AND PAYMENT OF LIEN PER O/C 2-18-16 Voided on 03/04/2016	4220-000		400.00	48,662.38
03/03/2016	114	DEBBIE L. SINGLETON	BALANCE OF PERSONAL INJURY EXEMPTION CLAIM PER O/C 2-18-16 Voided on 03/04/2016	8100-002		8,192.83	40,469.55
03/04/2016	101	ROBERT E. TRACY	SPECIAL COUNSEL FEES PER O/C 2- 18-16 Voided: check issued on 03/03/2016	3210-600		-8,111.12	48,580.67
03/04/2016	102	ROBERT A. KROLL	SPECIAL COUNSEL FEES PER O/C 2- 18-16 Voided: check issued on 03/03/2016	3210-600		-10,333.33	58,914.00
03/04/2016	103	GREGORY R. LAPAPA	SPECIAL COUNSEL FEES PER O/C 2- 18-16 Voided: check issued on 03/03/2016	3210-600		-10,333.33	69,247.33

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**Cash Receipts And Disbursements Record** 

**Case No.:** 15-36686 **Trustee Name:** Richard M. Fogel (330720)

Case Name:SINGLETON, DEBBIE L.Bank Name:Rabobank, N.A.

 Taxpayer ID #:
 \*\*-\*\*\*5717
 Account #:
 \*\*\*\*\*\*9900 Checking

 For Period Ending:
 07/25/2016
 Blanket Bond (per case limit):
 \$5,000,000.00

For Period Ending: 07/25/2016 Blanket Bond (per case limit): \$5,0 Separate Bond (if applicable): N/A

2 5 7 1 3 4 6 **Transaction** Paid To / Received From **Description of Transaction** Uniform Disbursement Check or Deposit **Account Balance Date** Ref. # Tran. Code \$ \$ 03/04/2016 DR. ROBERT FINK IN FULL SETTLEMENT AND PAYMENT 4220-000 104 -1,049.0070,296.33 OF LIEN PER O/C 2-18-16 Voided: check issued on 03/03/2016 03/04/2016 105 DR. JOHN MAZZARELLA IN FULL SETTLEMENT AND PAYMENT 4220-000 -979.46 71,275.79 OF LIEN PER O/C 2-18-16 Voided: check issued on 03/03/2016 03/04/2016 106 DR. DANIEL CAMMARANO IN FULL SETTLEMENT AND PAYMENT 4220-000 -504.50 71,780.29 OF LIEN PER O/C 2-18-16 Voided: check issued on 03/03/2016 **INFINITE STRATEGIC** 03/04/2016 107 IN FULL SETTLEMENT AND PAYMENT 4220-000 -901.23 72,681.52 **SOLUTIONS** OF LIEN PER O/C 2-18-16 Voided: check issued on 03/03/2016 03/04/2016 108 ROGERS PARK ONE DAY IN FULL SETTLEMENT AND PAYMENT 4220-000 -1,211.60 73,893.12 SURGERY CENTER OF LIEN PER O/C 2-18-16 Voided: check issued on 03/03/2016 03/04/2016 109 WINDY CITY MEDICAL IN FULL SETTLEMENT AND PAYMENT 4220-000 -880.00 74,773.12 OF LIEN PER O/C 2-18-16 Voided: check issued on 03/03/2016

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## **Cash Receipts And Disbursements Record**

 Case No.:
 15-36686
 Trustee Name:
 Richard M. Fogel (330720)

Case Name:SINGLETON, DEBBIE L.Bank Name:Rabobank, N.A.

**Taxpayer ID #:** \*\*-\*\*\*5717 **Account #:** \*\*\*\*\*\*9900 Checking

For Period Ending: 07/25/2016 Blanket Bond (per case limit): \$5,000,000.00 Separate Bond (if applicable): N/A

1	2	3	4		5	6	7
Transaction Date	Check or Ref. #	Paid To / Received From	Description of Transaction	Uniform Tran. Code	Deposit \$	Disbursement \$	Account Balance
03/04/2016	110	LAKESHORE OPEN MRI & CT	IN FULL SETTLEMENT AND PAYMENT OF LIEN PER O/C 2-18-16 Voided: check issued on 03/03/2016	4220-000		-133.01	74,906.13
03/04/2016	111	PAULINA ANESTHESIA	IN FULL SETTLEMENT AND PAYMENT OF LIEN PER O/C 2-18-16 Voided: check issued on 03/03/2016	4220-000		-316.34	75,222.47
03/04/2016	112	ANALGESIC HEALTHCARE	IN FULL SETTLEMENT AND PAYMENT OF LIEN PER O/C 2-18-16 Voided: check issued on 03/03/2016	4220-000		-111.39	75,333.86
03/04/2016	113	HUMANA	IN FULL SETTLEMENT AND PAYMENT OF LIEN PER O/C 2-18-16 Voided: check issued on 03/03/2016	4220-000		-400.00	75,733.86
03/04/2016	114	DEBBIE L. SINGLETON	BALANCE OF PERSONAL INJURY EXEMPTION CLAIM PER O/C 2-18-16 Voided: check issued on 03/03/2016	8100-002		-8,192.83	83,926.69
03/04/2016	115	ROBERT E. TRACY	SPECIAL COUNSEL FEES PER O/C 2- 18-16	3210-600		8,111.12	75,815.57
03/04/2016	116	ROBERT A. KROLL	SPECIAL COUNSEL FEES PER O/C 2- 18-16	3210-600		10,333.33	65,482.24

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## **Cash Receipts And Disbursements Record**

 Case No.:
 15-36686
 Trustee Name:
 Richard M. Fogel (330720)

Case Name:SINGLETON, DEBBIE L.Bank Name:Rabobank, N.A.Taxpayer ID #:\*\*-\*\*\*5717Account #:\*\*\*\*\*\*9900 Checking

For Period Ending: 07/25/2016 Blanket Bond (per case limit): \$5,000,000.00

Separate Bond (if applicable): N/A

1	2	3	4		5	6	7
Transaction Date	Check or Ref. #	Paid To / Received From	Description of Transaction	Uniform Tran. Code	Deposit \$	Disbursement \$	Account Balance
03/04/2016	117	GREGORY R. LAPAPA	SPECIAL COUNSEL FEES PER O/C 2-18-16	3210-600		10,333.33	55,148.91
03/04/2016	118	DR. ROBERT FINK	IN FULL SETTLEMENT AND PAYMENT OF LIEN PER O/C 2-18-16	4220-000		1,049.00	54,099.91
03/04/2016	119	DR. JOHN MAZZARELLA	IN FULL SETTLEMENT AND PAYMENT OF LIEN PER O/C 2-18-16	4220-000		979.46	53,120.45
03/04/2016	120	DR. DANIEL CAMMARANO	IN FULL SETTLEMENT AND PAYMENT OF LIEN PER O/C 2-18-16	4220-000		504.50	52,615.95
03/04/2016	121	INFINITE STRATEGIC SOLUTIONS	IN FULL SETTLEMENT AND PAYMENT OF LIEN PER O/C 2-18-16 Stopped on 06/06/2016	4220-000		901.23	51,714.72
03/04/2016	122	ROGERS PARK ONE DAY SURGERY CENTER	IN FULL SETTLEMENT AND PAYMENT OF LIEN PER O/C 2-18-16	4220-000		1,211.60	50,503.12
03/04/2016	123	WINDY CITY MEDICAL	IN FULL SETTLEMENT AND PAYMENT OF LIEN PER O/C 2-18-16	4220-000		880.00	49,623.12
03/04/2016	124	LAKESHORE OPEN MRI & CT	IN FULL SETTLEMENT AND PAYMENT OF LIEN PER O/C 2-18-16	4220-000		133.01	49,490.11

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## Form 2

## **Cash Receipts And Disbursements Record**

 Case No.:
 15-36686
 Trustee Name:
 Richard M. Fogel (330720)

Case Name:SINGLETON, DEBBIE L.Bank Name:Rabobank, N.A.

**Taxpayer ID #:** \*\*-\*\*\*5717 **Account #:** \*\*\*\*\*\*9900 Checking

For Period Ending: 07/25/2016 Blanket Bond (per case limit): \$5,000,000.00

Separate Bond (if applicable): N/A

1	2	3	4		5	6	7
Transaction Date	Check or Ref. #	Paid To / Received From	Description of Transaction	Uniform Tran. Code	Deposit \$	Disbursement \$	Account Balance
03/04/2016	125	PAULINA ANESTHESIA	IN FULL SETTLEMENT AND PAYMENT OF LIEN PER O/C 2-18-16	4220-000		316.34	49,173.77
03/04/2016	126	ANALGESIC HEALTHCARE	IN FULL SETTLEMENT AND PAYMENT OF LIEN PER O/C 2-18-16	4220-000		111.39	49,062.38
03/04/2016	127	HUMANA	IN FULL SETTLEMENT AND PAYMENT OF LIEN PER O/C 2-18-16	4220-000		400.00	48,662.38
03/04/2016	128	DEBBIE L. SINGLETON	BALANCE OF PERSONAL INJURY EXEMPTION CLAIM PER O/C 2-18-16	8100-002		8,192.83	40,469.55
03/31/2016		Rabobank, N.A.	Bank and Technology Services Fees	2600-000		75.40	40,394.15
04/29/2016		Rabobank, N.A.	Bank and Technology Services Fees	2600-000		58.61	40,335.54
05/31/2016		Rabobank, N.A.	Bank and Technology Services Fees	2600-000		57.83	40,277.71
06/06/2016	121	INFINITE STRATEGIC SOLUTIONS	IN FULL SETTLEMENT AND PAYMENT OF LIEN PER O/C 2-18-16 Stopped: check issued on 03/04/2016	4220-000		-901.23	41,178.94
06/08/2016	129	Clerk of the U.S. Bankruptcy Court	Unclaimed dividend for Infinite Strategic Solutions per o/c 2-18-16	4210-001		901.23	40,277.71

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## **Cash Receipts And Disbursements Record**

 Case No.:
 15-36686
 Trustee Name:
 Richard M. Fogel (330720)

Case Name:SINGLETON, DEBBIE L.Bank Name:Rabobank, N.A.

 Taxpayer ID #:
 \*\*-\*\*\*5717
 Account #:
 \*\*\*\*\*\*\*9900 Checking

 For Period Ending:
 07/25/2016
 Blanket Bond (per case limit):
 \$5,000,000.00

For Period Ending: 07/25/2016 Blanket Bond (per case limit): \$5,0 Separate Bond (if applicable): N/A

1	2	3	4		5	6	7
Transaction Date	Check or Ref. #	Paid To / Received From	Description of Transaction	Uniform Tran. Code	Deposit \$	Disbursement \$	Account Balance
06/30/2016		Rabobank, N.A.	Bank and Technology Services Fees	2600-000		64.63	40,213.08

83,926.69	43,713.61	\$40,213.08
0.00	0.00	
83,926.69	43,713.61	
	8,192.83	
\$83,926.69	\$35,520.78	
	0.00 <b>83,926.69</b>	0.00 0.00 <b>83,926.69 43,713.61</b> 8,192.83

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## **Cash Receipts And Disbursements Record**

Case No.: 15-36686

Case Name: SINGLETON, DEBBIE L.

Taxpayer ID #: \*\*-\*\*\*5717

For Period Ending: 07/25/2016 Trustee Name: Richard M. Fogel (330720)

Bank Name: Rabobank, N.A. \*\*\*\*\*9900 Checking

Blanket Bond (per case limit): \$5,000,000.00

Separate Bond (if applicable): N/A

Account #:

TOTAL - ALL ACCOUNTS	NET DEPOSITS	NET DISBURSEMENTS	ACCOUNT BALANCES
*****9900 Checking	\$83,926.69	\$35,520.78	\$40,213.08
	\$83,926.69	\$35,520.78	\$40,213.08

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## Exhibit C

Case: 15-36686

#### **DEBBIE L SINGLETON**

Claims Bar Date: 03/17/16

Claim No.	Claimant Name/ <category>, Priority</category>	Claim Type/ Date Filed	Claim Ref	Amount Filed/ Allowed	Paid to Date	Claim Balance
1S	Dr. Robert Fink Gold Coast Orthopedic 33 W. Delaware Place, 1st Floor Chicago, IL 60610 <4220-000 Personal Property & Intangibles - Non-consensual Liens> , 100	Secured 01/25/16		\$1,049.00 \$1,049.00	\$1,049.00	\$0.00
28	Dr. John Mazzarella 1300 Iroquois Av. Naperville, IL 60563 <4220-000 Personal Property & Intangibles - Non-consensual Liens> , 100	Secured 01/25/16		\$979.46 \$979.46	\$979.46	\$0.00
3	Wells Fargo Bank NA PO Box 10438 Des Moines, IA 50306-0438 <4210-000 Personal Property & Intangibles - Consensual Liens> , 100	Secured 03/14/16		\$1,889.54 \$1,889.54	\$0.00	\$1,889.54
3S	Dr. John Cammarano South Holland Injury Care 15525 S. Park Av., Suite 107 South Holland, IL 60473 <4220-000 Personal Property & Intangibles - Non-consensual Liens> , 100	Secured 01/25/16		\$504.50 \$504.50	\$504.50	\$0.00
48	Infinite Strategic Solutions P.O. Box 847279 Dallas, TX 75284 <4220-000 Personal Property & Intangibles - Non-consensual Liens> , 100	Secured 01/25/16		\$901.23 \$901.23	\$0.00	\$901.23
58	Rogers Park One Day Surgery Ctr c/o AHS PO Box 57085 Chicago, IL 60657 <4220-000 Personal Property & Intangibles - Non-consensual Liens> , 100	Secured 01/25/16		\$1,211.60 \$1,211.60	\$1,211.60	\$0.00
6S	Windy City Medical c/o Advanced Billing Collection Specialists 8501 W. Higgins, Suite 340 Chicago, IL 60630 <4220-000 Personal Property & Intangibles - Non-consensual Liens> , 100	Secured 01/25/16		\$880.00 \$880.00	\$880.00	\$0.00

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Exhibit C

### **Exhibit C**

Case: 15-36686 **DEBBIE L SINGLETON** 

Claims Bar Date: 03/17/16

		Cidinis Dai Date: 05/17/10					
Claim No.	Claimant Name/ <category>, Priority</category>	Claim Type/ Date Filed	Claim Ref	Amount Filed/ Allowed	Paid to Date	Claim Balance	
7S	Lakeshore Open MRI & CT	Secured		\$133.01	\$133.01	\$0.00	
	7200 N. Western Av. Chicago, IL 60645 <4220-000 Personal Property & Intangibles - Non-consensual Liens> , 100	01/25/16		\$133.01			
8S	Paulina Anesthesia	Secured		\$316.34	\$316.34	\$0.00	
	c/o AHS PO Box 57085 Chicago, IL 60657 <4220-000 Personal Property & Intangibles - Non-consensual Liens> , 100	01/25/16		\$316.34			
9S	Analgesic Healthcare	Secured		\$111.39	\$111.39	\$0.00	
	7923 N. Dale Mabry, Suite 202 Tampa, FL 33614 <4220-000 Personal Property & Intangibles - Non-consensual Liens> , 100	01/25/16		\$111.39			
10S	Humana	Secured		\$400.00	\$400.00	\$0.00	
	111 Ryan Court, Suite 300 Pittsburgh, PA 15205 <4220-000 Personal Property & Intangibles - Non-consensual Liens> , 100	01/25/16		\$400.00			
FEE	Richard M. Fogel	Administrative		\$6,823.29	\$0.00	\$6,823.29	
	321 N. Clark St. #800 Chicago, IL 60654 <2100-000 Trustee Compensation>	03/04/16		\$6,823.29			
	, 200						
TE	Richard M. Fogel 321 N. Clark St. #800	Administrative		\$6.44	\$0.00	\$6.44	
	Chicago, IL 60654 <2200-000 Trustee Expenses>	03/04/16		\$6.44			
	, 200						
	Gregory R. LaPapa	Administrative		\$10,333.33	\$10,333.33	\$0.00	
	10918 S. Western Av., Suite 4 Chicago, IL 60643 <3210-600 Special Counsel for Trustee Fees	01/25/16 >		\$10,333.33			
	, 200						

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### **Exhibit C**

Case: 15-36686 **DEBBIE L SINGLETON** 

Claims Bar Date: 03/17/16

	Claims Bar Date: 03/17/16						
Claim No.	Claimant Name/ <category>, Priority</category>	Claim Type/ Date Filed	Claim Ref	Amount Filed/ Allowed	Paid to Date	Claim Balance	
	Robert A. Kroll Kroll, Rubin & Tracy 415 N. LaSalle St., Suite 502 Chicago, IL 60654-2740 <3210-600 Special Counsel for Trustee Fees , 200	Administrative 01/25/16		\$10,333.33 \$10,333.33	\$10,333.33	\$0.00	
	Robert E. Tracy,	Administrative		\$8,111.12	\$8,111.12	\$0.00	
	<3210-600 Special Counsel for Trustee Fees	> 01/25/16		\$8,111.12			
SURPL US	SINGLETON, DEBBIE L. 342 HOXIE AVE. CALUMET CITY, IL 60409 <8200-000 Surplus Funds Paid to Debtor Section 726(a)(6)> , 650	Unsecured 07/25/16		\$0.00 \$4,268.13	\$0.00	\$4,268.13	
1	PYOD, LLC its successors and assigns as assignee of Citibank, N.A. Resurgent Capital Services PO Box 19008 Greenville, SC 29602 <7100-000 Section 726(a)(2) General Unsecured Claims> , 610	Unsecured 02/11/16		\$3,253.64 \$3,253.64	\$0.00	\$3,253.64	
11	PYOD, LLC its successors and assigns as assignee of Citibank, N.A. Resurgent Capital Services PO Box 19008 Greenville, SC 29602 <7990-000 Surplus Case Interest on Unsecured Claims (including priority)> , 640	Unsecured 07/25/16		N/A \$5.56	\$0.00	\$5.56	
2	USAA Savings Bank C O WEINSTEIN & RILEY, PS 2001 WESTERN AVENUE, STE 400 SEATTLE, WA 98121 <7100-000 Section 726(a)(2) General Unsecured Claims> , 610	Unsecured 03/11/16		\$21,991.84 \$21,991.84	\$0.00	\$21,991.84	
21	USAA Savings Bank C O WEINSTEIN & RILEY, PS 2001 WESTERN AVENUE, STE 400 SEATTLE, WA 98121 <7990-000 Surplus Case Interest on Unsecured Claims (including priority)>, 640	Unsecured 07/25/16		N/A \$37.55	\$0.00	\$37.55	

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### **Exhibit C**

Case: 15-36686 **DEBBIE L SINGLETON** 

Claims Bar Date: 03/17/16

	Claims Bar Date. 03/17/16						
Claim No.	Claimant Name/ <category>, Priority</category>	Claim Type/ Date Filed	Claim Ref	Amount Filed/ Allowed	Paid to Date	Claim Balance	
31	Wells Fargo Bank NA PO Box 10438 Des Moines, IA 50306-0438 <7990-000 Surplus Case Interest on Unsecured Claims (including priority)> , 640	Unsecured 07/25/16		N/A \$3.23	\$0.00	\$3.23	
4	Portfolio Recovery Associates, LLC Successor to Synchrony Bank (Value City) POB 41067 Norfolk, VA 23541 <7100-000 Section 726(a)(2) General Unsecured Claims> , 610	Unsecured 03/17/16		\$1,363.14 \$1,363.14	\$0.00	\$1,363.14	
41	Portfolio Recovery Associates, LLC Successor to Synchrony Bank (Value City) POB 41067 Norfolk, VA 23541 <7990-000 Surplus Case Interest on Unsecured Claims (including priority)> , 640	Unsecured 07/25/16		N/A \$2.33	\$0.00	\$2.33	
5	Portfolio Recovery Associates, LLC Successor to Synchrony Bank (JC Penney) POB 41067 Norfolk, VA 23541 <7100-000 Section 726(a)(2) General Unsecured Claims> , 610	Unsecured 03/17/16		\$419.86 \$419.86	\$0.00	\$419.86	
51	Portfolio Recovery Associates, LLC Successor to Synchrony Bank (JC Penney) POB 41067 Norfolk, VA 23541 <7990-000 Surplus Case Interest on Unsecured Claims (including priority)> , 640	Unsecured 07/25/16		N/A \$0.72	\$0.00	\$0.72	
6	Portfolio Recovery Associates, LLC Successor to Synchrony Bank (Sams Club) POB 41067 Norfolk, VA 23541 <7100-000 Section 726(a)(2) General Unsecured Claims> , 610	Unsecured 03/17/16		\$147.56 \$147.56	\$0.00	\$147.56	

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**Exhibit C** 

Case: 15-36686 **DEBBIE L SINGLETON** 

Claims Bar Date: 03/17/16

Claim No.	Claimant Name/ <category>, Priority</category>	Claim Type/ Date Filed	Claim Ref	Amount Filed/ Allowed	Paid to Date	Claim Balance
61	Portfolio Recovery Associates, LLC	Unsecured		N/A	\$0.00	\$0.25
	Successor to Synchrony Bank (Sams Club) POB 41067 Norfolk, VA 23541 <7990-000 Surplus Case Interest on Unsecured Claims (including priority)> , 640	07/25/16		\$0.25		

Case Total: \$34,363.08 \$41,114.30

#### TRUSTEE'S PROPOSED DISTRIBUTION

Exhibit D

Case No.: 15-36686

Case Name: DEBBIE L SINGLETON Trustee Name: Richard M. Fogel

**Balance on hand:** \$ 40,213.08

Claims of secured creditors will be paid as follows:

Claim No.	Claimant	Claim Asserted	Allowed Amount of Claim	Interim Payments to Date	Proposed Payment
1S	Dr. Robert Fink	1,049.00	1,049.00	1,049.00	0.00
2S	Dr. John Mazzarella	979.46	979.46	979.46	0.00
3S	Dr. John Cammarano	504.50	504.50	504.50	0.00
4S	Infinite Strategic Solutions	901.23	901.23	0.00	0.00
5S	Rogers Park One Day Surgery Ctr	1,211.60	1,211.60	1,211.60	0.00
6S	Windy City Medical	880.00	880.00	880.00	0.00
7S	Lakeshore Open MRI & CT	133.01	133.01	133.01	0.00
8S	Paulina Anesthesia	316.34	316.34	316.34	0.00
9S	Analgesic Healthcare	111.39	111.39	111.39	0.00
10S	Humana	400.00	400.00	400.00	0.00
3	Wells Fargo Bank NA	1,889.54	1,889.54	0.00	1,889.54

Applications for chapter 7 fees and administrative expenses have been filed as follows:

Reason/Applicant	Total Requested	Interim Payments to Date	Proposed Payment
Trustee, Fees - Richard M. Fogel	6,823.29	0.00	6,823.29
Trustee, Expenses - Richard M. Fogel	6.44	0.00	6.44
Special Counsel for Trustee Fees - Robert E. Tracy	8,111.12	8,111.12	0.00
Special Counsel for Trustee Fees - Robert A. Kroll	10,333.33	10,333.33	0.00
Special Counsel for Trustee Fees - Gregory R. LaPapa	10,333.33	10,333.33	0.00

Total to be paid for chapter 7 administrative expenses: \$ 6,829.73
Remaining balance: \$ 31,493.81

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Applications for prior chapter fees and administrative expenses have been filed as follows:

Reason/Applicant	Total Requested	Interim Payments	Proposed Payment
None			
Total to be paid for prior chapter admin	istrative expenses:	\$	0.00
Domaining balance:		Φ	24 402 04

Remaining balance: \$ 31,493.81

In addition to the expenses of administration listed above as may be allowed by the Court, priority claims totaling \$0.00 must be paid in advance of any dividend to general (unsecured) creditors.

#### Allowed priority claims are:

Claim No.	Claimant	Allowed Amount of Claim	_	
		None		
1		Tatal ta ba waid	for a section that a latine sec	

Total to be paid for priority claims: \$\,\ 0.00\$

Remaining balance: \$\,\ 31,493.81\$

The actual distribution to wage claimants included above, if any, will be the proposed payment less applicable withholding taxes (which will be remitted to the appropriate taxing authorities).

Timely claims of general (unsecured) creditors totaling \$27,176.04 have been allowed and will be paid *pro rata* only after all allowed administrative and priority claims have been paid in full. The timely allowed general (unsecured) dividend is anticipated to be 100.0 percent, plus interest (if applicable).

Timely allowed general (unsecured) claims are as follows:

Claim No.	Claimant	Allowed Amount of Claim	Interim Payments to Date	Proposed Payment
1	PYOD, LLC its successors and assigns as assignee of Citibank, N.A. Resurgent Capital Services	3,253.64	0.00	3,253.64
2	USAA Savings Bank C O WEINSTEIN & RILEY, PS	21,991.84	0.00	21,991.84
4	Portfolio Recovery Associates, LLC Successor to Synchrony Bank (Value City)	1,363.14	0.00	1,363.14
5	Portfolio Recovery Associates, LLC Successor to Synchrony Bank (JC Penney)	419.86	0.00	419.86
6	Portfolio Recovery Associates, LLC Successor to Synchrony Bank (Sams Club)	147.56	0.00	147.56

Total to be paid for timely general unsecured claims: Remaining balance:

\$ 27,176.04 \$ 4,317.77 Tardily filed claims of general (unsecured) creditors totaling \$0.00 have been allowed and will be paid *pro rata* only after all allowed administrative, priority and timely filed general (unsecured) claims have been paid in full. The tardily filed claim dividend is anticipated to be 0.0 percent, plus interest (if applicable).

Tardily filed general (unsecured) claims are as follows:

Remaining balance:

Claim No.	Claimant	Allowed Amount of Claim	Interim Payments to Date	Proposed Payment
		None		
	Total to be paid for	tardily filed general unse	ecured claims:	\$ 0.00

Subordinated unsecured claims for fines, penalties, forfeitures, or damages and claims ordered subordinated by the Court totaling \$0.00 have been allowed and will be paid *pro rata* only after all allowed administrative, priority and general (unsecured) claims have been paid in full. The dividend for subordinated unsecured claims is anticipated to be 0.0 percent, plus interest (if applicable).

Subordinated unsecured claims for fines, penalties, forfeitures or damages and claims ordered subordinated by the Court are as follows:

Claim No.	Claimant	Allowed Amount of Claim	Interim Payments to Date				
	None						
	_	Total to be poid for	oubordinated alaima:	Φ 0.00			

Total to be paid for subordinated claims: \$ 0.00 Remaining balance: \$ 4,317.77

4.317.77

To the extent funds remain after payment in full of all allowed claims, interest will be paid at the legal rate of 0.23% pursuant to 11 U.S.C. § 726(a)(5). Funds available for interest are \$49.64. The amounts proposed for payment to each claimant, listed above, shall be increased to include the applicable interest.

The amount of surplus returned to the debtor after payment of all claims and interest is \$4,268.13.